

## YOUTH COUNT! SURVEY DATA

		<i>Baseline</i>	<i>Outlier</i>	<i>Total</i>
Gender	Male	26	22	<b>48</b>
	Female	19	29	<b>48</b>
Race/Ethnicity	White	20	36	<b>56</b>
	Native American	10	4	<b>14</b>
	African American	0	4	<b>4</b>
	Hispanic/Latino	4	2	<b>6</b>
	Multi-Racial	9	2	<b>11</b>
	Asian/Pacific Islanders	1	1	<b>2</b>
	Unknown	1	2	<b>3</b>
Age	Thirteen	1	4	<b>5</b>
	Fourteen	2	4	<b>6</b>
	Fifteen	5	12	<b>17</b>
	Sixteen	4	18	<b>22</b>
	Seventeen	6	11	<b>17</b>
	Eighteen	8	2	<b>10</b>
	Nineteen	4	0	<b>4</b>
	Twenty	6	0	<b>6</b>
	Twenty one	9	0	<b>9</b>
Government ID?	Yes	18	1	<b>19</b>
	No	20	2	<b>22</b>
Birth Certificate?	Yes	24	1	<b>25</b>
	No	15	2	<b>17</b>
Social Security Card?	Yes	26	0	<b>26</b>
	No	13	2	<b>15</b>
Permanent Residence?	Yes	22	3	<b>25</b>
	No	17	45	<b>62</b>
	Sometimes	6	3	<b>9</b>
Time w/o Perm Residence?	< One Week	1	5	<b>6</b>
	> One Week	1	6	<b>7</b>
	> One Month	8	9	<b>17</b>
	> Year	10	5	<b>15</b>

Where usually sleep?	Outside	11	45	<b>56</b>
	Friend's House/Couch Surfing	10	22	<b>32</b>
	Legal Guardian	21	2	<b>23</b>
	Caretaker/Not Legal Guardian	5	5	<b>10</b>
	Doubled-Up	2	3	<b>5</b>
	Car	3	2	<b>5</b>
	Shelter/Youth Shelter	3	0	<b>3</b>
	Foster Care	0	3	<b>3</b>
	Uninhabitable Building	1	0	<b>1</b>
	Pre-Release	1	0	<b>1</b>
	Group Home	7	0	<b>7</b>
	Treatment Center	1	0	<b>1</b>
With Primary Caregivers?	Yes	11	2	<b>13</b>
	No	20	34	<b>54</b>
	Sometimes	6	7	<b>13</b>
Safe for overnight stay?	Yes	25	20	<b>45</b>
	No	5	17	<b>22</b>
	Sometimes	1	1	<b>2</b>
	Not sure	5	2	<b>7</b>
Fit for people to live in?	Yes	26	11	<b>37</b>
	No	4	24	<b>28</b>
	Sometimes	0	1	<b>1</b>
	Not Sure	3	3	<b>6</b>
Caregivers Believe in you?	Yes	21	0	<b>21</b>
	No	11	7	<b>18</b>
(Includes Maybe)	Sometimes	3	1	<b>4</b>
School Attendance	Yes	16	2	<b>18</b>
	No	16	3	<b>19</b>
	Sometimes	1	3	<b>4</b>
Highest ED Level?	Elementary	1	0	<b>1</b>
	Middle School	5	1	<b>6</b>
	High School	22	4	<b>26</b>
	HS Diploma/GED	11	1	<b>12</b>

Sleep last night?	Outside	8	48	<b>56</b>
	Friend's House/Couch Surfing	10	1	<b>11</b>
	Legal Guardian	8	0	<b>8</b>
	Caretaker/Not Legal Guardian	1	0	<b>1</b>
	Car	1	0	<b>1</b>
	Shelter/Youth Shelter	2	0	<b>2</b>
	Parking Garage	1	0	<b>1</b>
	Group Home	5	0	<b>5</b>
	Treatment Center	2	0	<b>2</b>
	Pre-Release	1	0	<b>1</b>
Foster Care?	Yes	9	3	<b>12</b>
	No	22	2	<b>24</b>
How Old?	Age 5 or under	6	2	<b>8</b>
	Age 6 to 18	3	0	<b>3</b>
For How Long?	One year or less	1	0	<b>1</b>
	Two years or more	8	2	<b>10</b>
How Many Caregivers?	None	0	1	<b>1</b>
	One	9	2	<b>11</b>
	Two	8	0	<b>8</b>
	Three or more	13	2	<b>15</b>
Emotionally Supportive?	Yes	22	0	<b>22</b>
	No	15	10	<b>25</b>
	Sometimes	3	0	<b>3</b>
Told you to leave home?	Yes	24	8	<b>32</b>
	No	16	2	<b>18</b>
	Sometimes	0	0	<b>0</b>
Cursed at you?	Yes	26	10	<b>36</b>
	No	13	0	<b>13</b>
	Sometimes	1	0	<b>1</b>
Feel unsafe with them?	Yes	16	9	<b>25</b>
	No	24	1	<b>25</b>
	Sometimes	0	0	<b>0</b>

Drug use in the home?	Yes	11	10	<b>21</b>
	No	29	0	<b>29</b>
	Sometimes	0	0	<b>0</b>
Ever Been Bullied?	Yes	25	6	<b>31</b>
	No	13	0	<b>13</b>
	Not Sure	0	1	<b>1</b>
Type of Bullying?	Physical	3	0	<b>3</b>
	Verbal	18	2	<b>20</b>
Are you Employed?	Yes	17	3	<b>20</b>
	No	19	4	<b>23</b>
	Sometimes	2	1	<b>3</b>
How Many Hours?	40 hours or more	4	1	<b>5</b>
	21 to 39 hours	3	0	<b>3</b>
	Less than 20 hours	4	0	<b>4</b>
Looking for a job?	Yes	21	3	<b>24</b>
	No	12	2	<b>14</b>
	Sometimes	3	3	<b>6</b>
Do You Fly a Sign?	Yes	5	1	<b>6</b>
	No	33	5	<b>38</b>
	Sometimes	0	0	<b>0</b>
Amount of Sleep?	Less then 8 hours	16	3	<b>19</b>
	8 hours or more	13	3	<b>16</b>
Negative Affect?	Yes	11	3	<b>14</b>
	No	9	1	<b>10</b>
Forced sexual favors?	Yes	3	2	<b>5</b>
	No	37	8	<b>45</b>
Ever Sexually Abused?	Yes	14	5	<b>19</b>
	No	17	4	<b>21</b>
Access to a shower?	Yes	24	1	<b>25</b>
	No	5	3	<b>8</b>
	Sometimes	6	2	<b>8</b>

Meals a Day?	One	3	5	<b>8</b>
	Two	10	1	<b>11</b>
	Three or More	9	0	<b>9</b>
Health Concerns?	Yes	5	3	<b>8</b>
	No	27	1	<b>28</b>
How will you address them?	Seek medical assistance	3	0	<b>3</b>
	Don't know/nothing	0	2	<b>2</b>
Dental Concerns?	Yes	11	1	<b>12</b>
	No	20	2	<b>22</b>
How will you address them?	Seek dental assistance	2	0	<b>2</b>
	Don't know/nothing	1	0	<b>1</b>
Last time seen by a doctor?	Week or less	4	0	<b>4</b>
	Less than a Month	7	0	<b>7</b>
	Month or more	13	0	<b>13</b>
	Year or more	6	0	<b>6</b>
	Never	0	1	<b>1</b>
	Don't know	1	1	<b>2</b>
Last time seen by a dentist?	Month or more	14	0	<b>14</b>
	Year or more	13	0	<b>13</b>
	Don't know	5	2	<b>7</b>
Diagnosed MH Conditions?	Yes	22	2	<b>24</b>
	No	18	4	<b>22</b>

	Attention Deficit Hyperactivity Disorder	10	1	<b>11</b>
Diagnosis?	Bi-Polar Disorder	8	0	<b>8</b>
	Clinical Depression	7	0	<b>7</b>
	Anxiety	4	0	<b>4</b>
	Attention Deficit Disorder	4	0	<b>4</b>
	Post Traumatic Stress Disorder	2	0	<b>2</b>
	Autism Spectrum Disorder	1	0	<b>1</b>
	Obsessive Compulsive Disorder	1	0	<b>1</b>
	Oppositional Defiance Disorder	1	0	<b>1</b>
	Fetal Alcohol Syndrome	1	0	<b>1</b>
	Re-Attachment Disorder	1	0	<b>1</b>
	Intellectual Disability Disorder	1	0	<b>1</b>
Currently Being Treated?	Yes	13	0	<b>13</b>
	No	10	1	<b>11</b>
Taking prescribed Meds?	Yes	11	0	<b>11</b>
	No	10	1	<b>11</b>
Hospitalized for MHC?	Yes	9	0	<b>9</b>
	No	9	0	<b>9</b>